APPENDIX H

FEB 1 4 2002

K020317

510(k) SUMMARY

SUMMARY OF THE SAFETY AND EFFECTIVENESS FOR POWDER FREE GREEN COLOR SYNTHETIC BUTADIENE COPOLYMER EXAMINATION GLOVES

Contact person: Cheah Chor Hee

This summary of safety and effectiveness information is being submitted in accordance with the requirements of SMDA 1990.

Device Information:

Trade Name - POWDER FREE GREEN COLOR SYNTHETIC POLYBUTADIENE COPOLYMER EXAM GLOVES

Common Name - Exam gloves

Classification Name - Patient examination glove (per 21 CFR 880.6250)

Classification Information -. Class I latex patient examination glove 80LZA, powder free and meeting all the requirements of ASTM-D6319-00a Standard Specification for Nitrile Examination Gloves for Medical Application.

Device Description:

Class I nitrile patient examination glove 80LZA, powder free and meeting all the requirements of ASTM-D6319-00a Standard Specification for nitrile Examination Gloves for Medical Application, except for the elongation at break parameter.

Intended Use of Device:

A medical glove to be worn on the hand of the health care and similar personnel to prevent contamination between health care personnel and patient.

Technological Characteristics of Device:

1. Dimension

DIMENSION	ASTM D6319-00a	SGMP
X-Small	70 mm +/- 10 mm	70 - 75 mm
Small	80 mm +/- 10mm	80 - 85 mm
Medium	95 mm +/- 10mm	90 - 97 mm
Large	111mm +/- 10mm	105 - 111 mm
Length	230 mm minimum for all sizes	242mm
Thickness - Finger	0.08mm min	0.08 mm min
Palm	0.08mm min	0.08 mm min

2. Physical Properties (ASTM-D6319-00a Standard Specification for Nitrile Exam Gloves) on Lot# Exp 02/01

·	TENSILE STRENGTH		ULTIMATE ELONGATION	
	ASTM D 6319-00a	SGMP's	ASTM D 6319-00a	SGMP's
Before Aging X-Small Small Medium Large	MPa 14.0	MPa 16.5 16.0 15.3 17.6	% 500	% 650 680 700 670
After Aging X-Small Small Medium Large	14.0	17.1 18.0 17.5 19.4	400	680 670 690 720

3. Water Tight Test

Using the FDA specified 1,000 ml water leak test, 125 pieces of each size of the gloves were tested and our results are as given below:

our results and an gr				
BATCH# Exp	SIZE	SAMPLE SIZE	LEAK STATUS	NUMBER LEAKED
UN-AGED 02/01 02/01 02/01 02/01	X-Small Small Medium Large	125 125 125 125	Yes No Yes Yes	1 0 2 1
AGED 02/01 02/01 02/01 02/01	X-Small Small Medium Large	125 125 125 125	No Yes Yes No	0 1 1 0

The above figures are within the ASTM D3578-00 requirements for exam gloves of 2.5% AQL.

4. Biocompatibility

The bio-compatibility test results show that the glove is neither a dermal irritant nor a skin sensitizer.

5. Total Residual Powder Content & Presence of Cornstarch

TESTS REQUIREMENT	FDA		SGMP's
Residual Powder Content (ASTM D 6124-00)	-	2 mg/glove max	Range: 0.7-1.5mg/glove Mean: 1.05 mg/glove
Presence of Cornstarch		Negative	Negative

Conclusion:-

The data presented indicate that the Powder Free Green Color Synthetic examination glove

- 1. meets/exceeds ASTM- D6319-00a Standard Specifications For nitrile Examination Glove,
- 2. meets FDA pinhole requirements,
- 3. meets FDA claim criterion of a powder free glove,



Food and Drug Administration 9200 Corporate Boulevard Rockville MD 20850

FEB 1 4 2002

SGMP Company Limited C/O Ms. Janna Tucker Tucker & Associates 198 Avenue De La D'Emerald Sparks, Nevada 89434

Re: K020317

Trade/Device Name: Non-Sterile Powder Free Green "Barrier-Pro" Synthetic

Butadiene Copolymer Examination Gloves

Regulation Number: 880.6250

Regulation Name: Examination Gloves

Regulatory Class: I Product Code: LZA Dated: January 22, 2002 Received: January 30, 2001

Dear Ms. Tucker:

We have reviewed your Section 510(k) premarket notification of intent to market the device referenced above and have determined the device is substantially equivalent (for the indications for use stated in the enclosure) to legally marketed predicate devices marketed in interstate commerce prior to May 28, 1976, the enactment date of the Medical Device Amendments, or to devices that have been reclassified in accordance with the provisions of the Federal Food, Drug, and Cosmetic Act (Act) that do not require approval of a premarket approval application (PMA). You may, therefore, market the device, subject to the general controls provisions of the Act. The general controls provisions of the Act include requirements for annual registration, listing of devices, good manufacturing practice, labeling, and prohibitions against misbranding and adulteration.

If your device is classified (see above) into either class II (Special Controls) or class III (PMA), it may be subject to such additional controls. Existing major regulations affecting your device can be found in the Code of Federal Regulations, Title 21, Parts 800 to 898. In addition, FDA may publish further announcements concerning your device in the Federal Register.

Please be advised that FDA's issuance of a substantial equivalence determination does not mean that FDA has made a determination that your device complies with other requirements of the Act or any Federal statutes and regulations administered by other Federal agencies. You must comply with all the Act's requirements, including, but not limited to: registration and listing (21 CFR Part 807); labeling (21 CFR Part 801); good manufacturing practice requirements as set forth in the quality systems (QS) regulation (21 CFR Part 820); and if applicable, the electronic product radiation control provisions (Sections 531-542 of the Act); 21 CFR 1000-1050.

This letter will allow you to begin marketing your device as described in your Section 510(k) premarket notification. The FDA finding of substantial equivalence of your device to a legally marketed predicate device results in a classification for your device and thus, permits your device to proceed to the market.

If you desire specific advice for your device on our labeling regulation (21 CFR Part 801 and additionally 21 CFR Part 809.10 for in vitro diagnostic devices), please contact the Office of Compliance at (301) 594-4618. Additionally, for questions on the promotion and advertising of your device, please contact the Office of Compliance at (301) 594-4639. Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21CFR Part 807.97). Other general information on your responsibilities under the Act may be obtained from the Division of Small Manufacturers, International and Consumer Assistance at its toll-free number (800) 638-2041 or (301) 443-6597 or at its Internet address http://www.fda.gov/cdrh/dsma/dsmamain.html

Sincerely yours,

Timothy . Ulatowski

Director

Division of Dental, Infection Control and General Hospital Devices Office of Device Evaluation Center for Devices and Radiological Health

INDICATIONS FOR USE STATEMENT

Applicant: SGMI	COLID			
510K Number:	K020317			
Device Name: No Examination Glo		e Green Color "I	Barrier-Pro" Syntheti	c Butadiene Copolymer
, Indications for Us	se:			
This is a recontamination be	nedical glove to be w tween health care per	orn on the hand sonnel and the p	of health care and sinations.	milar personnel to prevent
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C	Concurrence of CDRF	I Office of Device	ce Evaluation (ODE)	
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	-			
Prescription Use Per 21 CFR 801.10		OR	Over-The-Counter	······································
(Division Sign-Off)	S. (~m	2		
Division of Dental, and General Hospi		7		
510(k) Number	K020211	Consultant of Arthurson	•	